

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF OHIO
WESTERN DIVISION AT DAYTON

* * *

JOSEPH GUGLIELMO,

Plaintiff,

vs.

CASE NO. 3:17-cv-6

MONTGOMERY COUNTY, OHIO,

AND THE MONTGOMERY COUNTY

BOARD OF COMMISSIONERS, et al.,

Defendants.

* * *

Deposition of JACK E. SAUNDERS, III,
EMT-B, Witness herein, called by the Defendants
for cross-examination pursuant to the Rules of
Civil Procedure, taken before me, Caryl L.
Blevins, a Notary Public in and for the State of
Ohio, at the offices of the Montgomery County
Prosecuting Attorney, 301 W. Third Street, Dayton,
Ohio, on Tuesday, the 20th day of February, 2018,
at 1:23 p.m.

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1 On behalf of the Defendants Montgomery County,
2 Ohio, and the Montgomery County Board of
3 Commissioners, Phil Plummer, Matthew Snyder,
4 Matthew Sears, David Cohn, Zachary Zink,
5 Brandon Ort, and Benjamin Cooper:

6 Montgomery County Prosecutor's Office

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24 * * *

25

1 JACK E. SAUNDERS, III, EMT-B
2 of lawful age, Witness herein, having been first
3 duly cautioned and sworn, as hereinafter
4 certified, was examined and said as follows:

5 CROSS-EXAMINATION

6 BY MR. MAZER:

7 Q. Good afternoon, Mr. Saunders. We had
8 a chance to meet off the record. Again, my name
9 is Benjamin Mazer and I'm an assistant prosecutor
10 in the Montgomery County Prosecutor's Office.

11 Could you please state your full name
12 and spell it for the record?

13 A. Jack Eugene Saunders, III. First
14 name is J A C K, middle name is E U G E N E, last
15 name is Saunders, S A U N D E R S, and I'm the
16 third.

17 Q. Okay. Thank you, Mr. Saunders.
18 Mr. Saunders, you are here today to have your
19 deposition taken in connection with a lawsuit
20 filed by Mr. Joseph Guglielmo against Montgomery
21 County, the Montgomery County Sheriff's Office,
22 and a number of specific Montgomery County
23 Sheriff's Office either current or former
24 employees, specifically Matthew Snyder, Zachary
25 Zink, Matthew Sears, David Cohn, Brandon Ort, and

1 Benjamin Cooper.

2 You're not a named Defendant to this
3 lawsuit. We've asked to depose you as a fact
4 witness as it relates to this incident.

5 Mr. Saunders, have you ever been
6 deposed before?

7 A. No.

8 Q. I'm going to give you a couple of
9 just really quick basic ground rules so you kind
10 of know what to expect with respect to this
11 deposition.

12 As the court reporter's already
13 explained a little bit, she's obviously taking
14 down everything that we say. She's transcribing
15 my questions and then she's going to go ahead and
16 transcribe the answer that you give, so as a
17 result I would ask for the sake of the record and
18 the court reporter's benefit that all the answers
19 that you give to any of the questions I ask are
20 audible answers; in other words, they should be
21 yeses or nos or an explanation as opposed to
22 nonaudible answers like shrugs or nods. Okay?

23 A. Right.

24 Q. Thank you.

25 A. Yes.

1 Q. Have you ever testified in court
2 before, Mr. Saunders?

3 A. No.

4 Q. As you already know, you were sworn
5 in today, so you are under oath, and we are
6 relying on the accuracy of the answers that you
7 give us today in this deposition. Okay?

8 A. Okay.

9 Q. Lastly, if you do not understand a
10 question that I've asked, I would just ask that
11 you let me know and I will do the best I can to
12 rephrase or clarify the question. Okay?

13 A. Okay.

14 Q. And lastly, if at any point you want
15 to take a break, feel free to do so. We can go
16 off the record. Okay?

17 A. Okay.

18 Q. Mr. Saunders, I'm just going to start
19 with a little bit of background on you. What is
20 the name of your current employer, Mr. Saunders?

21 A. I work at Med-Trans.

22 Q. Can you spell that for us, please?

23 A. M E D T R A N S.

24 Q. And is that one word or two words?

25 A. It's one word I believe.

1 **Q. Okay. And when did you start with**
2 **Med-Trans?**

3 A. October 31st of 2017.

4 **Q. And where is Med-Trans located?**

5 A. Springfield.

6 **Q. And what does Med-Trans do?**

7 A. I am a driver for CareFlight, for
8 their MICU, medical ambulances, like transport
9 ambulances.

10 MS. DINEHART: I'm sorry. Did you
11 say NICU?

12 THE WITNESS: MICU, like the
13 transport helicopters. It does the same thing,
14 it's just on the ground.

15 BY MR. MAZER:

16 **Q. So you drive an ambulance? Is that**
17 **what you drive?**

18 A. Correct.

19 **Q. And you are, Mr. Saunders, a**
20 **medic/EMT; is that correct?**

21 A. I'm an EMT-Basic.

22 **Q. EMT-Basic. Is there a distinction?**
23 **Are there different types of EMTs?**

24 A. There are.

25 **Q. Can you for our benefit -- what are**

1 the distinctions? What does an EMT do that would
2 differ from the rest?

3 A. EMT-Basic is non -- we don't
4 administer medication like IV medications, cardiac
5 monitor, like rhythms and stuff like that.

6 Q. So if there's an EMT-Basic, what
7 would be -- what's the name of the next -- the
8 other type of EMT?

9 A. They have an advanced, and what they
10 do is some IV medications and some cardiac monitor
11 but no cardiac drugs.

12 Q. Is there a licensure difference?

13 A. It's a certification, yes.

14 Q. Is there any difference in schooling?

15 A. Just the period, like the amount of
16 time.

17 Q. Okay. Where were you most recently
18 employed prior to October the 31st, 2017?

19 A. NaphCare at the Montgomery County
20 Jail.

21 Q. And what year, to the best of your
22 recollection, did you start with NaphCare?

23 A. 2010.

24 Q. And did you also work in the capacity
25 as an EMT-Basic with NaphCare?

1 A. I did.

2 Q. While employed with NaphCare, did you
3 ever work in any setting other than the Montgomery
4 County Jail?

5 A. No. Do you mean like working for
6 NaphCare or just other like part-time jobs?

7 Q. Working for NaphCare specifically.

8 A. No, just the jail.

9 Q. Did you have other part-time jobs
10 that were in the capacity of an EMT during the
11 time that you worked with NaphCare?

12 A. Yes.

13 Q. Okay. What were those?

14 A. I worked at the City of Eaton.

15 Q. And were you a medic/EMT --

16 A. EMT-Basic/fireman.

17 Q. When did you start working part-time
18 for them?

19 A. At Eaton? 2010 also.

20 Q. And you did indicate that was
21 part-time employment with the City of Eaton; is
22 that correct?

23 A. That's correct.

24 Q. Anywhere else part-time during that
25 period?

1 A. No.

2 Q. Have you ever worked in any other
3 jail or prison setting other than the Montgomery
4 County Jail?

5 A. No, sir.

6 Q. While working at the Montgomery
7 County Jail for NaphCare, what shifts or watches
8 did you work?

9 A. I have worked all three shifts.

10 Q. Prior to starting with NaphCare in
11 2010 and you've testified as to your part-time
12 employment with the City of Eaton, did you have
13 any other employment as a medic -- I'm sorry --
14 EMT-Basic?

15 A. Not that I can recall, no.

16 Q. All right. I'm going to skip around
17 just a little bit here to your educational
18 background.

19 Where did you go to high school?

20 A. I went to high school at Twin Valley
21 South, West Alexandria, and that's in Ohio.

22 Q. And what is your age, Mr. Saunders?

23 A. I am thirty-five.

24 Q. And when did you graduate from Twin
25 Valley South High School?

1 A. 2001.

2 **Q. And walk us through, please, if you**
3 **will, your post-high school education.**

4 A. 2003, 2004, firefighter, level I and
5 level II, and then in 2005 I had went to EMT-Basic
6 school.

7 **Q. And did you study somewhere**
8 **specifically for the firefighter level I and level**
9 **II?**

10 A. Sinclair.

11 **Q. And where did you study for EMT-Basic**
12 **school?**

13 A. Clark State.

14 **Q. Do you hold currently any other**
15 **degrees or licenses?**

16 A. No.

17 **Q. Other than working as an**
18 **EMT-Basic/fireman for the City of Eaton, did you**
19 **ever work as a fireman anywhere else?**

20 A. Village of Phillipsburg.

21 **Q. Okay. And what years was that, to**
22 **the best of your recollection?**

23 A. 2005 to like maybe 2009 and then I'll
24 say July of last year to current.

25 **Q. So you're presently a fireman with**

1 **the Village of Phillipsburg?**

2 A. Yes.

3 **Q. And I'm sorry, you said July of 2017**
4 **to present; is that correct?**

5 A. That's correct.

6 **Q. I'm going to talk a little bit about**
7 **your training as an EMT-Basic. As an EMT-Basic,**
8 **are you required to complete any continuing**
9 **education training?**

10 A. Every year. And then can I add on
11 that?

12 **Q. Yes.**

13 A. Our certification's good for three
14 years. So we have to have so many continuing
15 education hours, but it's -- if you go to like
16 trainings or whatnot throughout the year, it adds
17 up to the amount that you need to stay current.

18 **Q. Okay. Is there any set curriculum or**
19 **continuing area of focus for this continuing**
20 **education training?**

21 A. There are. So many are based for
22 like trauma or heat-related injuries or whatnot.

23 **Q. When you started with NaphCare in**
24 **2010, did you receive any medical training**
25 **specifically from NaphCare when you started?**

1 A. They have online training, but it's
2 not geared toward our scope of practice or our
3 skill set. It's more toward nurses but not for
4 us, no.

5 Q. Just to make sure I understand, do
6 you take that training that you're referencing
7 there, or is that something that you wouldn't,
8 then, take?

9 A. For the computer training?

10 Q. Yes, sir.

11 A. It's mandatory.

12 Q. So you did complete that training?

13 A. Correct.

14 Q. Does that training have a focus on a
15 jail setting?

16 A. Some of it is, yes.

17 Q. And I know you've already spoken a
18 little bit about your continuing education
19 requirements.

20 Did you receive any continuing
21 education training specifically through NaphCare
22 while you were employed with NaphCare?

23 A. No, not for my certification,
24 recertification, no.

25 Q. Any continuing education with

1 **NaphCare just for the purposes of your employment**
2 **that you can recall?**

3 A. Just that online training.

4 **Q. And was that online training**
5 **completed just at the time that you started with**
6 **NaphCare or would you also complete that online**
7 **training on a regular basis or an annual basis?**

8 A. It was annual. I'm trying to make it
9 easy for you. Sorry. We receive an e-mail that
10 we need to do such-and-such during -- for the
11 online training, so we go in there and do it, but
12 other than that, whatever it's about --

13 **Q. Okay. And how often would you say**
14 **that would be? Would that be an annual thing or**
15 **how frequently?**

16 A. It was completed annually, but I'm
17 not real sure if it was like every couple weeks
18 we'd get one or whatnot, but --

19 **Q. All right. I'm going to talk a**
20 **little bit about your duties as an EMT-Basic**
21 **specifically in the Montgomery County Jail while**
22 **you were with NaphCare.**

23 Can you tell us, please, what were
24 your general duties as an EMT-Basic in the
25 Montgomery County Jail while you were employed

1 **there with NaphCare?**

2 A. Intake screening of inmates, faxing
3 for medical records and medication, basic wound
4 care, and if the police officers would bring
5 somebody in that was not suited to be inside the
6 jail, we could turn them away to receive medical
7 care at the hospital before we would accept them
8 in.

9 **Q. In general how would your duties as**
10 **an EMT-Basic differ from that of an RN or an LPN**
11 **in the Montgomery County Jail?**

12 A. Medication administration. They do
13 all that. They would also contact -- at the time
14 it would have been Dr. Ellis for any type of
15 advanced care for any type of inmate if needed.

16 **Q. As a medic, would it ever be -- or as**
17 **an EMT-Basic, would it ever be your duty or**
18 **responsibility to contact Dr. Ellis in a**
19 **particular circumstance in which it would be**
20 **warranted?**

21 A. No.

22 **Q. And I think you mentioned this**
23 **earlier but I just want to make sure I heard you**
24 **correctly.**

25 **You would not as an EMT-Basic**

1 **administer medication; is that correct?**

2 A. That's correct.

3 **Q. During your time in the Montgomery**
4 **County Jail as an EMT-Basic, would you have an**
5 **assigned area of the jail or floor of the jail**
6 **that you would cover on a particular shift or**
7 **would you essentially cover the entire jail?**

8 A. We had a first floor medic office
9 that was located on the intake floor, first floor,
10 for our screening for the inmates coming in, but
11 we could go anywhere in the jail if there was a
12 medical emergency.

13 **Q. While you were there at the**
14 **Montgomery County Jail working for NaphCare, did**
15 **you have somebody that was a supervisor that you**
16 **would report to if there were any issues?**

17 A. We had -- on night shift we had two
18 LPN nurses. They weren't really in charge of like
19 one or the other, but I would contact them if I
20 needed some type of treatment or had a question
21 about an issue.

22 **Q. You mentioned that as an EMT-Basic,**
23 **your responsibilities would include the intake**
24 **screening of inmates at their time of booking; is**
25 **that correct?**

1 A. That's correct.

2 Q. Okay. Can you just tell us -- we're
3 talking, you know, generalities here -- what is
4 that process and what does that entail?

5 A. Vital signs, allergies, medications,
6 medical conditions, any type of physical trauma
7 that I can see while I'm doing the screening.

8 If they are going to go through any
9 type of withdrawal from drugs or alcohol, if they
10 feel like they want to harm themselves, and then
11 we would also -- if they were taking medications,
12 we could fax their pharmacy or the hospital, if
13 they came from the hospital, for their relevant
14 information. I'm sure I'm forgetting some other
15 stuff that I did.

16 Q. Did you have a set list or like a
17 questionnaire that you would go off of?

18 A. Yes, uh-hum.

19 Q. If somebody -- and we're talking
20 generalities again here -- if somebody's coming
21 from a hospital prior to their booking in the jail
22 and they have discharge papers with them from that
23 particular hospital --

24 A. Correct.

25 Q. -- what is the process with respect

1 **to that?**

2 **What do you do in that case?**

3 A. The receiving corrections officer
4 that does the pat-down, they would usually call us
5 out to check the person for their issue why they
6 went to the hospital and then they would give us
7 the paperwork, then if the paperwork had
8 prescriptions attached to them, they would go into
9 the doctor's mailbox to be started for their stay
10 while they're there.

11 **Q. And I think you mentioned, if I heard**
12 **you correctly, that if somebody has not been**
13 **discharged from the hospital immediately prior to**
14 **their booking and you see that they have apparent**
15 **or evident injuries on their body --**

16 A. Okay.

17 **Q. -- you said there are circumstances**
18 **in which you would turn them away because of those**
19 **injuries; is that accurate?**

20 A. If they were already admitted into
21 the jail, there's different steps. Like it would
22 have to be a life-altering issue because I would
23 have to contact the nurse and then they would
24 contact Dr. Ellis to see if it's something that
25 needs to be rushed to the hospital or if it can be

1 treated when she gets there in the morning,
2 depending on the situation.

3 Q. This information that you're
4 collecting when you're doing this intake screening
5 during booking, how is that memorialized?

6 Is that done in a computer system?

7 A. It is. It's like a -- let's say it
8 has a hundred questions on there. Then you'd go
9 step-by-step filling it out till it's completed.

10 Q. And does that questionnaire that you
11 complete with respect to the intake screening,
12 does that become a part of that particular
13 inmate's or detainee's medical record at the jail?

14 A. Correct.

15 Q. Is that record, is that something
16 that specifically just the NaphCare staff or folks
17 have access to as opposed to also the corrections
18 staff?

19 A. They would not -- the jail staff
20 would not have access to that, correct.

21 Q. Okay.

22 A. I think the only access that they had
23 to their medical record-type stuff was if they
24 were a -- like a lower or an upper bunk for
25 housing-type situation, but they couldn't actually

1 see their medical issues per HIPAA.

2 Q. Okay. If you have a situation
3 where -- and I'm just talking generalities once
4 again, but if you have a situation where an inmate
5 at the time of their booking is being
6 uncooperative with you and creating a challenge
7 with your ability to perform, you know, this
8 intake screening --

9 A. Okay.

10 Q. -- how do you deal with that
11 situation if it's causing you some difficulty in
12 completing their intake screening?

13 A. As long as they're alert and oriented
14 and they can answer some of your questions, you
15 know, they're not like highly intoxicated or
16 unable to, I don't know -- they're not going to
17 pass out or hurt themselves or be hurt by another
18 inmate, we would usually take them in.

19 Now, if they were highly intoxicated
20 or passing out, they would always -- they would
21 normally be turned away to be seen at the hospital
22 before intake.

23 Q. Along the same lines, I think you
24 were kind of referring to it here in your last
25 answer, but I assume you have to ask them

1 specifically what medications they're on or what
2 medical conditions they have either currently or
3 have had in the past.

4 If they're alert but they're not
5 really responding to your questions in a
6 satisfactory way that allows you to document or
7 understand what, you know, conditions or
8 medications they have, what process do you follow
9 to still try to get that information if they're
10 not volunteering that information to you?

11 A. Usually we wouldn't discuss any of
12 like their medical or medication in the intake
13 like while they're getting patted down, it would
14 be in our office.

15 So if they were being uncooperative
16 or combative, the jail staff deems it a safety
17 issue and they wouldn't usually have them come
18 over to the office until they're able to not be a
19 safety issue for us.

20 Q. Okay. And this office that you're
21 referring to, is that the first floor medic's
22 office?

23 A. First floor medic's office.

24 Q. In what part of the first floor of
25 the jail is that medic's office located? Is that

1 on the platform or --

2 A. It's on the far west end.

3 Q. Is it like the post-book area or not
4 really?

5 A. It's in the post-book area. It's to
6 the left of the platform.

7 Q. Okay. Any other duties or
8 responsibilities you would generally have as an
9 EMT-Basic in the jail that we haven't really
10 discussed here yet?

11 A. Not that I can recall, no --

12 Q. Okay.

13 A. -- or that we didn't go over.

14 Q. On a typical shift, how many other
15 EMTs or EMT-Basics or medics would be on staff at
16 that jail on a given shift with you?

17 A. It's just one person or one EMT.

18 Q. I think you previously mentioned
19 Dr. Ellis. Was she the doctor on staff with
20 NaphCare the entire time that you were employed
21 with NaphCare from 2010 to -- I'm sorry, was it
22 2017?

23 A. She had resigned or left a couple
24 months before I did.

25 Q. Okay. Do you recall, sir -- it would

1 be correct to say, then, that she was the doctor
2 on staff in 2015?

3 A. During that time, yes.

4 Q. Do you know if she had -- and this is
5 just if you know -- do you know if she had set
6 hours where she was physically present in the
7 jail?

8 A. I do not know.

9 Q. Do you know under what circumstances
10 it would be appropriate or necessary for one of
11 the nurses that you mentioned to contact Dr. Ellis
12 if she was on call?

13 A. Can you repeat the question? I'm
14 sorry.

15 Q. Sure. What circumstances, if you
16 know, would arise in the jail that would be
17 necessary for somebody from the NaphCare staff to
18 reach out to Dr. Ellis?

19 A. Like an elevated blood pressure for
20 her to be able to give them orders to start
21 medications, the same thing for elevated blood
22 sugar for insulin. Basically, for medication and
23 treatment, stuff like that.

24 Q. What about if it was determined that
25 there was a need to transport somebody to the

1 **hospital?**

2 **Would she be contacted to advise of**
3 **that?**

4 A. It depends on the situation. If it's
5 a life-threatening issue, bleeding control, like
6 somebody in full arrest, we would go ahead and
7 have the control -- jail control, like the
8 dispatch, contact for a medic.

9 **Q. As you probably know, it's my**
10 **understanding that jail corrections staff**
11 **participates in a roll call at the start of each**
12 **of their shifts.**

13 **Is that something that NaphCare or**
14 **you specifically would participate in that roll**
15 **call?**

16 A. We have access to participate, but as
17 long as I've ever been there I have never
18 participated in that.

19 **Q. Do you know if the jail has an x-ray**
20 **machine on site available for use by the NaphCare**
21 **staff?**

22 A. I don't know if it was the jail's
23 machine or if we had a outside contract company
24 come in and do it. I believe they did both at the
25 time of my employment.

1 Q. How about a CT scan machine, if you
2 know?

3 A. No.

4 Q. Okay. We are going to get into the
5 incident in question a little bit now. So Joseph
6 Guglielmo, there's been some testimony and I think
7 the records reflect that he was booked into the
8 Montgomery County Jail on January the 15th, 2015,
9 at approximately 2:25 a.m. in the morning.

10 Do you happen to know whether you
11 were working I believe that would be first watch
12 that shift that Mr. Guglielmo was booked in on?

13 A. I don't believe so, no.

14 Q. So then is it fair to say you don't
15 have any recollection yourself of personally doing
16 his intake screening or anything to that effect?

17 A. That's correct.

18 Q. Additionally there's been testimony
19 and the records reflect that the incident itself
20 occurred later on that same day, January the 15th,
21 2015, at approximately 11:36 p.m., and it carried
22 over into the early morning of January the 16th,
23 2015.

24 Do you recall if you were working
25 that shift, and I believe that would also be first

1 watch, starting just before midnight on January
2 the 15th through January the 16th of 2015?

3 A. I was.

4 Q. Do you recall, were you working first
5 watch? Is that what it would have been?

6 A. First watch, yes.

7 Q. And what hours would that shift have
8 been, if you know?

9 A. It's 11:00 p.m. to 7:00 a.m.

10 Q. And do you know, were you
11 specifically the first floor medic on that shift?
12 Is that what you were?

13 A. Right.

14 Q. Do you have any recollection as to
15 what other NaphCare staff were working with you on
16 that particular shift on that date?

17 A. Greg Mills and Matt Taylor.

18 Q. And if you know, Greg Mills, is he an
19 LPN?

20 A. They both are, yes, or they were at
21 that time.

22 Q. At that time. Yes, sir. Okay. Was
23 Dr. Ellis present during that shift, if you know?

24 A. No.

25 Q. There's also been some testimony from

1 other deponents that Mr. Guglielmo was causing
2 somewhat of a disturbance at the start of that
3 shift during roll call. It would have been
4 approximately 11:30 p.m. or so on January the 15th
5 of 2015.

6 Do you have any recollection of
7 hearing any type of noise during that time during
8 roll call?

9 A. I wasn't present for the roll call in
10 that area, so I don't recall any noises different
11 than normal because there's always somebody
12 banging or yelling or something like that.

13 Q. Is it fair to say, then, that you
14 also didn't see Mr. Guglielmo himself banging on
15 his cell?

16 A. That's correct.

17 Q. Why don't you tell us to the best of
18 your recollection and with as much detail as you
19 can, at what point in your shift did you first
20 become aware of Mr. Guglielmo?

21 A. Are there notes placed, or did I
22 place notes in the computer or do you have a copy
23 of that, like for times and stuff like that?

24 Q. Yeah, I think we do, and actually
25 we're going to get into that.

1 A. Okay.

2 Q. If you don't mind --

3 A. You want me to give you a roundabout?

4 Q. If you don't mind, yes.

5 (Thereupon, Deposition Exhibit 5,
6 1/15/15 incident report, having been previously
7 marked, was presented for purposes of
8 identification.)

9 BY MR. MAZER:

10 Q. Actually, I'll tell you what, for
11 starters I'll give you what's been marked as
12 Exhibit 5 (providing). You can take a moment to
13 review that to help refresh your recollection and
14 then we'll go through that.

15 MR. HOJNOSKI: By the way, this isn't
16 your note. This is the incident report from the
17 jail.

18 THE WITNESS: Well, this is my
19 narrative into that (indicating), so I typed it
20 up.

21 MR. HOJNOSKI: Yeah, yeah. You did
22 both, yeah.

23 THE WITNESS: Okay.

24 BY MR. MAZER:

25 Q. Okay. What I handed you is an

1 incident report regarding the incident concerning
2 Mr. Guglielmo in the Montgomery County Jail.

3 Did you complete an incident report
4 or narrative with respect to your role on that
5 particular date and time?

6 A. I did.

7 Q. And the narrative entry that you
8 completed, for the record, that begins at the
9 bottom of page three and then carries over to the
10 top of page four of Exhibit 5; is that correct?

11 A. That's correct.

12 Q. Okay. First of all, based upon what
13 you just read there with respect to your entry --

14 A. Uh-hum.

15 Q. -- does that comport with your
16 recollection of the events that occurred back on
17 January the 15th through January the 16th of 2015?

18 A. As far as I remember, yes.

19 Q. So I want to go back to the question
20 now that you've had a chance to kind of refresh
21 your recollection.

22 A. Uh-hum.

23 Q. First, what is documented in this
24 incident report and narrative, to the best of your
25 recollection and knowledge, did you have any

1 **contact with Mr. Guglielmo in the timeline prior**
2 **to what you put here in this narrative?**

3 A. No.

4 Q. Okay. Why don't you tell us, then,
5 **what you recall about the first time that you**
6 **became aware of Mr. Guglielmo.**

7 A. Greg Mills had Mr. Guglielmo moved to
8 cell 139 so he could be observed more often due
9 to -- I don't know why he was moved because he
10 didn't tell me, but usually they're moved to the
11 139 or the front cell part to be observed more
12 frequently, I guess, and he just -- or Greg Mills
13 told me to just keep an eye on him and of his
14 condition and make sure he's acting appropriate
15 and stuff like that.

16 Q. At that point, once Mr. Guglielmo was
17 moved to cell 139 and Greg Mills asked you to keep
18 an eye on him, did you have any knowledge as to
19 what area of the jail he was being moved from?

20 A. No.

21 Q. And at that point did you have any
22 knowledge as to any altercation or use of force on
23 Mr. Guglielmo at that point?

24 A. I believe in -- maybe in short
25 speaking, Greg might have told me that he was hit

1 in the head or had -- was struck in the head,
2 something along those lines.

3 Q. Do you have any recollection if you
4 were told by Greg how many times he was struck in
5 the head?

6 A. No.

7 Q. At that point in time did you have
8 any communication with any corrections staff
9 concerning Mr. Guglielmo or his status?

10 A. Just as it's documented on my
11 narrative, just Sergeant Snyder asked me to check
12 him -- or check Inmate Guglielmo for a possible
13 seizure.

14 Q. Okay. I'm just going to back up one
15 second. So you indicated that Greg Mills moved
16 him to cell 139 for closer observation.

17 Did Mr. Mills indicate to you how
18 frequently he wanted you to check on him or keep
19 an eye on Mr. Guglielmo, if you recall?

20 A. No.

21 Q. And why would those cells, cell
22 139 -- and is cell 139 in post-book? Is that
23 where that would be?

24 A. That's correct.

25 Q. Why do those allow potentially for

1 **better observation?**

2 A. Where he was brought from, the
3 transport area, you have to have a key to get back
4 there, and if there's inmates out, like because
5 it's just extra holding, like they'll be out
6 freely, so for safety for us, we can't go back
7 there and physically look in the locked cells for
8 inmate condition and stuff like that, we'd have to
9 be escorted by jail staff, but like the cell 139,
10 I can actually walk up and physically look inside
11 and communicate through the cell door with
12 whoever's in there.

13 **Q. Cell 139, that's considered a male**
14 **holding cell; is that correct?**

15 A. That's correct.

16 **Q. And is that distinguishable**
17 **specifically from a medical observation cell that**
18 **you guys have at the Montgomery County Jail?**

19 A. I'm not real clear of what you're
20 calling a medical observation cell. I know that
21 there are like suicide housing cells that have
22 like the clear glass or Plexiglas, no metal
23 blocking the view from them, but the only medical
24 cells that they have are for actual housed inmates
25 for medical conditions.

1 Q. Okay. This medical holding cell 139
2 is not the medical housing cells themselves; is
3 that correct?

4 A. That's correct.

5 Q. And is that cell 139 the suicide
6 housing cell that's full glass?

7 A. No.

8 Q. Before we went back a little bit, you
9 had mentioned, referring to your entry here, that
10 Sergeant Snyder contacted you at a certain point
11 that morning.

12 A. Uh-hum.

13 Q. Walk us through in some detail what
14 that was about.

15 A. Greg Mills first asked me to watch or
16 check on Mr. Guglielmo. I walked over when he was
17 placed in the cell, had a conversation with him.

18 He was alert and oriented, seemed to
19 be with it to the best of his ability to be able
20 to answer questions and stuff, and then I went
21 back to my office, the first floor medical office,
22 and I was requested back to cell 139 shortly after
23 to find Mr. Guglielmo on his side and unresponsive
24 but breathing.

25 Q. Prior to finding Mr. Guglielmo

1 unresponsive and breathing, you did one prior
2 check based upon Sergeant Snyder's request; is
3 that correct, based upon your entry there?

4 A. Yes.

5 Q. And is that the check that you
6 indicated you talked to him, he was alert, and he
7 was answering your questions?

8 A. That's correct.

9 Q. Okay. I see in your note here that
10 you said, I was requested by Sergeant Snyder to
11 check Inmate Guglielmo for a possible seizure.

12 A. Uh-hum.

13 Q. Did you have any indication at that
14 time when you went to check on him that he was
15 actually having any type of seizure, if you
16 recall, or any type of medical emergency, I guess,
17 at that point in time?

18 A. Not at that time. Due to the notes,
19 it says that he responded with cussing me out.

20 Q. Okay.

21 A. So usually people in a seizure aren't
22 able to pull that off.

23 Q. Okay. Your note states here, Inmate
24 Guglielmo stated, leave me the fuck alone as he
25 looked at me.

1 Is that what you're referring to
2 there?

3 A. That's correct.

4 Q. Also just, I think, about two
5 sentences immediately prior to the sentence I just
6 read you, it says, Guglielmo was laying on his
7 left side shaking his legs.

8 A. Uh-hum.

9 Q. Do you have any recollection as to
10 the shaking of his legs part, what that was about?

11 A. I do not.

12 Q. Okay. So the second time, right
13 after that, you went to check on Guglielmo -- I'm
14 sorry.

15 After that, according to your entry
16 here, you were approached by Corrections Officer
17 Cohn to check Inmate Guglielmo's medical
18 condition.

19 So that is the time that you found
20 Mr. Guglielmo unresponsive; is that correct?

21 A. That's correct.

22 Q. Okay. Do you have any recollection
23 as to how much time had passed in between your
24 first check and that second check?

25 A. I would say within ten minutes-ish.

1 It was a short amount of time, or less I'd say.

2 Q. Walk us through. I know you have
3 your entry here, but walk us through what you
4 observed and what was happening when you did that
5 second check that you found Mr. Guglielmo
6 unresponsive.

7 A. From this entry, it states I found
8 him in the same position, on his left side, as
9 stated earlier, and Mr. Guglielmo was bleeding
10 from his left nostril but he was breathing on his
11 own. He was nonresponsive to verbal or painful
12 stimuli.

13 Q. Let me ask you about that.

14 A. Yes.

15 Q. For our benefit as being nonmedical
16 folks, what would you be referring to
17 specifically, if you recall, as to the various
18 stimuli that you tried to use on Mr. Guglielmo,
19 the verbal and I think you said -- was it painful
20 stimuli?

21 A. Correct. Verbal is just
22 communication, sir, calling somebody by their
23 name. If they look at you or respond to you, then
24 they're alert to that. Painful stimuli is any
25 type of touch if you get a reaction.

1 **Q. Okay. And neither one were**
2 **successful in getting him to respond; is that**
3 **correct?**

4 A. That's correct.

5 **Q. Do you recall at that time seeing any**
6 **visible injuries to Mr. Guglielmo's head?**

7 A. I know that he was bleeding from the
8 nose area of his face. I don't -- I can't recall
9 any type of bruising or swelling or anything like
10 that.

11 **Q. Do you recall what either corrections**
12 **staff or other NaphCare staff were also with you**
13 **when you responded to Mr. Guglielmo's cell that**
14 **second time?**

15 A. It was Officer Cohn and I believe it
16 was just myself, and I had Officer Cohn radio for
17 Nurse Mills and Taylor to assist.

18 **Q. And I think this is probably a pretty**
19 **obvious question, but why did you think you needed**
20 **their assistance?**

21 **Why did you have them do that?**

22 A. Any type of advanced care or
23 treatment they would have to perform, or if his
24 condition is questionable about going to the
25 hospital or not, they can make that determination

1 or call Dr. Ellis.

2 Q. And did Nurses Mills and Taylor, in
3 fact, respond to that cell once they were radioed?

4 A. They did.

5 Q. Okay. If you can recall, what did
6 you, Nurse Mills, and Nurse Taylor do further at
7 that point to try to evaluate Mr. Guglielmo?

8 A. I did not document it in my report,
9 but I do recall checking his pupils, and his
10 pupils were not -- they were different shapes.
11 Most signs of that are some type of head trauma,
12 or possible head trauma.

13 Q. Did you specifically evaluate his
14 pupils or were you there when either Mills or
15 Taylor did?

16 A. I was there while it happened. I
17 can't recall if I did or if one of them did.

18 Q. Were you provided any information as
19 to -- and I'm backing up here a minute.

20 A. Uh-hum.

21 Q. Were you provided any information as
22 to what medical care or treatment Mr. Guglielmo
23 received, if any, prior to him being moved to cell
24 139 in the jail?

25 A. Just an ice pack from Nurse Mills.

1 **Q. How did you become aware that he was**
2 **given an ice pack from Nurse Mills?**

3 A. I can't remember if he was carrying
4 it or if Nurse Mills was carrying it, but they
5 passed right by my door.

6 **Q. So you observed this when he was**
7 **being rehoused to 139?**

8 A. Right, correct.

9 **Q. Do you have any knowledge or any**
10 **memory if anything other than the ice pack was**
11 **done to evaluate Mr. Guglielmo in transport**
12 **staging?**

13 A. No.

14 **Q. Did Nurse Mills or anybody from**
15 **NaphCare, the NaphCare staff that were on duty**
16 **that morning, indicate to you whether there was**
17 **any intention to have Mr. Guglielmo receive x-rays**
18 **in the jail?**

19 A. In the jail, no, because right after
20 I called them to respond to 139, Dayton Fire was
21 also called for a transport to the hospital, so he
22 was removed from the jail to the hospital at that
23 time.

24 **Q. Okay. Who made that decision, or was**
25 **it a joint decision between you and Mills and**

1 Taylor, to call Dayton Fire/EMS to transport him?

2 A. It was pretty much a joint decision
3 due to his extent of injuries.

4 Q. Were you present still at his cell
5 when Dayton Fire/EMS arrived?

6 A. I believe so, yes. Yes. I put in my
7 report yes. It states I was there.

8 Q. Did you personally -- scratch that.
9 Strike that, please.

10 Do you have any knowledge as to
11 whether Dr. Ellis was contacted specific to this
12 incident and the need to transport Mr. Guglielmo
13 to the hospital?

14 A. No, I'm not aware of that.

15 Q. In your entry that you have here,
16 it's the third -- or I guess the second-to-last
17 complete sentence at the bottom, you indicate
18 here, I did obtain vital signs awaiting medical to
19 arrive.

20 A. Correct.

21 Q. Do you have any recollection -- and I
22 know those aren't specifically enumerated here,
23 but do you have any recollection as to what vital
24 signs you obtained and whether any of those were
25 normal other than the pupils that you already

1 identified?

2 A. Not that I can recall.

3 Q. Okay.

4 (Thereupon, Deposition Exhibit 72,
5 NaphCare record for Mr. Guglielmo, having been
6 previously marked, was presented for purposes of
7 identification.)

8 BY MR. MAZER:

9 Q. I'm going to hand you what has been
10 marked as Exhibit 72 previously (providing).

11 A. Okay.

12 Q. I'm going to pass that to you right
13 there. Take a moment if you will, please, to
14 review that exhibit and specifically I believe an
15 entry that's the third down there.

16 A. Uh-hum.

17 Q. Take your time and let me know when
18 you're done there.

19 (Pause in proceedings.)

20 THE WITNESS: Okay.

21 BY MR. MAZER:

22 Q. Okay. The third entry down from the
23 top of that first page, Exhibit 72, it says Jack
24 Saunders, EMT above it.

25 Is that an entry that you drafted and

1 **submitted?**

2 A. I did.

3 Q. Okay. And above the body of the
4 **narrative of that entry it indicates an asterisk**
5 **and late note.**

6 I think I know, but what does that
7 **mean?**

8 A. If there is something going on as
9 much as what -- or like transporting, taking care
10 of medical problems or whatever, I can go back and
11 document what I had done prior to the time that I
12 put the note in.

13 Q. Okay. There's a timestamp and a date
14 **stamp next to your name of January the 15th, 2016,**
15 **and then it says 2:15:48 a.m.**

16 Would that have been the time that
17 **you actually made the entry and submitted it?**

18 A. That's correct.

19 Q. And I'm just going to read this entry
20 **here and then we're going to go through it just a**
21 **little bit.**

22 A. Okay.

23 Q. The entry says, at 00:08 requested to
24 **check inmate in cell 138 (sic) with jail staff.**
25 **And for the record, I think we've determined**

1 that's actually cell 139. Is that correct?

2 A. Correct.

3 Q. Inmate was laying on the floor, left
4 side. Inmate was alert and oriented to painful
5 stimuli, ABC intact, no signs of distress. Inmate
6 stated name. Inmate was left on left side, and
7 then in parentheses it says, recovery position.

8 That's obviously -- is that the first
9 check that you did on Mr. Guglielmo that we
10 previously discussed?

11 A. That's correct.

12 Q. And we talked a little bit about the
13 stimuli that you did. ABC intact, what does that
14 mean?

15 A. Airway, breathing, circulation.

16 Q. And what do you do in order to
17 determine that the airway, breathing, circulation
18 is proper?

19 A. Breathing on his own, normal rate and
20 rhythm. He's talking, not gasping or working or
21 fighting to get breath.

22 Q. Okay. And then where it says inmate
23 was left on left side, in parentheses, it says
24 recovery position.

25 A. Correct.

1 Q. By recovery position, you just mean
2 that was the same position you found him in the
3 second time?

4 A. Recovery position as like to medical
5 staff or whatever, it's just laying on his left
6 side, one leg tucked back a little bit so he can't
7 roll over on his back or over on his stomach. It
8 sort of keeps him propped up using his own body
9 parts.

10 Q. Is that a position that he placed
11 himself in or did you help ease him into that
12 position, if you recall?

13 A. I do not recall.

14 Q. The next sentence says, 00:18,
15 corrections checked inmate, noticed medical issues
16 with inmate. Corrections had me check on inmate
17 again.

18 Is this the second time that we're
19 referring to, the second check that you --

20 A. I believe so, yes.

21 Q. Okay. And based upon your entry in
22 the incident report, corrections, specifically
23 would that be David Cohn, if you recall?

24 A. Correct.

25 Q. Okay. It goes on to say, this inmate

1 was still laying on his left side. Inmate was now
2 bleeding from his left nostril. Inmate was
3 unresponsive to verbal and painful stimuli but
4 breathing under own power.

5 First set of vitals were obtained and
6 recorded. I had corrections officers radio for
7 medical to assist with medical treatment.

8 A. Correct.

9 Q. Medical arrived and I retrieved O2
10 with nasal -- is that cannula?

11 A. Cannula.

12 Q. Cannula, thank you -- and cervical
13 collar from medic office. I want to ask you just
14 about that last sentence.

15 Why did you retrieve what you
16 indicated you retrieved here, the O2 with the
17 nasal cannula and the cervical collar, if you
18 recall?

19 A. The O2 is for -- I don't know if his
20 oxygen saturation was low and that's why it was
21 applied or just to help him out since he was
22 slightly -- or he was unresponsive, like it
23 states, and then the cervical collar is to prevent
24 any other type of neck injuries that might not
25 have already been created.

1 Q. Okay. The last sentence states,
2 medical requested, then an ambulance was called
3 for transport.

4 Reading that today, does that all
5 comport with your best recollection of that
6 incident?

7 A. It does.

8 Q. Okay. Going back to the incident
9 report narrative that you completed, Exhibit 5,
10 previously marked as Exhibit 5, do you recall if
11 anyone specifically asked you to submit an
12 incident report narrative for that incident?

13 A. I believe the jail sergeant
14 requests -- if we're involved in an incident, they
15 just automatically require us to put in a
16 narrative.

17 Q. Okay. Do you recall if you reviewed
18 anyone else's narrative that completed a narrative
19 in this incident report prior to submitting your
20 narrative?

21 A. No. I usually don't, other than to
22 like copy names and spelling and that type of
23 stuff, but I don't read them, no.

24 Q. Did anyone specifically tell you what
25 to put in your narrative, the substance of your

1 **narrative?**

2 A. No.

3 **Q. Once Mr. Guglielmo was transported to**
4 **the hospital, did you learn anything further**
5 **concerning Mr. Guglielmo's condition after he left**
6 **the jail?**

7 A. I did not. Usually the nurses will
8 call and ask for like an update or condition-type
9 thing, but I don't have access or I can't call the
10 hospital to get information.

11 **Q. Were you ever contacted by anybody**
12 **from the Montgomery County Sheriff's Office**
13 **concerning any internal affairs investigations**
14 **with respect to anything regarding this particular**
15 **incident?**

16 A. No.

17 **Q. Did you ever personally see**
18 **Mr. Guglielmo ever again after he left the jail**
19 **that morning?**

20 A. No.

21 MR. MAZER: I'm going to take a quick
22 break, if that's okay. I just need a couple
23 minutes and then I don't think I have a great deal
24 more for you.

25 THE WITNESS: Okay.

1 (Recess taken.)

2 BY MR. MAZER:

3 Q. We took a very brief break, and I
4 don't have much more for you, sir, just a few
5 questions and then Plaintiff's counsel will
6 probably have some questions for you as well.

7 A. Okay.

8 Q. When you receive discharge paperwork
9 at the time of booking an inmate in and doing
10 their screening, do you make a separate note
11 anywhere in that inmate's medical files concerning
12 the fact that they have discharge paperwork and
13 what that paperwork says or do you just put that
14 paperwork with their medical file?

15 A. It might -- their medical screening
16 might have like a note added, came over with
17 hospital paperwork from so-and-so hospital.

18 If not, the paperwork is always put
19 in the doctor's box back in the medical department
20 so whenever the doctor or the nurse practitioner
21 come in in the morning or the next day or whenever
22 it is, they can get that paperwork and go through
23 it and provide whatever care and treatment they
24 need to do.

25 Q. If you receive discharge paperwork

1 from a hospital concerning an inmate that is being
2 booked and that discharge paperwork states
3 something to the effect of the patient is
4 discharged and told to follow up with primary-care
5 physician, return to the emergency department if
6 worsening headache, nausea, vomiting, numbness,
7 tingling, weakness, change of vision, decreased
8 level of consciousness, confusion, or any other
9 concern and complaints -- if you received
10 discharge paperwork that said something to that
11 effect, would that in and of itself be any reason
12 to deny booking that inmate?

13 A. No.

14 Q. I want to go back a little bit. When
15 you're doing a neuro check, and we're talking, you
16 know, in general here, what would a neuro check
17 that you would do on an inmate consist of?

18 A. Their vitals, blood pressure, pulse,
19 oxygen saturation, talk to them, make sure that
20 they're alert and oriented, know where they're at,
21 ask them some questions, check their eyes, make
22 sure their pupils are equal, round, reactive to
23 light and all that, and just it's mainly for their
24 mental state, to make sure that they're alert and
25 oriented.

1 **Q. And when would you do a neuro check?**
2 **Under what circumstances would you want to perform**
3 **a neuro check?**

4 A. They have different -- at the jail
5 they have sometimes three times a shift, some just
6 once daily, it all depends on what type of injury,
7 I guess, they have, and the doctor or somebody
8 higher than us depict when we check them.

9 **Q. Okay. Did you do a neuro check on**
10 **Mr. Guglielmo, a full neuro check on**
11 **Mr. Guglielmo, with respect to all the things you**
12 **identified when you checked on Mr. Guglielmo the**
13 **first time?**

14 A. I did not input it into the computer
15 as a neuro check, so technically no, but I checked
16 him for all the same things, I just didn't input
17 it into the computer as a neuro check.

18 **Q. Okay. When you checked on**
19 **Mr. Guglielmo the first time, there's been some**
20 **testimony as to what's been called, I guess, an**
21 **emergency medical bag.**

22 Do you know what that would be?

23 A. Yeah.

24 **Q. Okay. Let me back up a second, then.**
25 **What does that emergency medical bag consist of?**

1 A. It has bandages. It's mainly for
2 like lacerations, cuts, and it's like some saline
3 to clean wounds, bandages, ice packs, blood
4 pressure cuff, stuff like that.

5 Q. Okay. Is there like a penlight as a
6 part of that emergency medical bag?

7 A. I'm sure there's one in there, yes.

8 Q. Did you bring that emergency medical
9 bag with you to check on Mr. Guglielmo the first
10 time?

11 A. I cannot recall.

12 Q. Do you know if you had a penlight
13 that you utilized to check Mr. Guglielmo the first
14 time you checked on him?

15 A. I cannot recall.

16 Q. Can an inmate refuse a neuro check?
17 Do they have the ability to do that if you want to
18 perform one?

19 A. Technically, yes. They can refuse
20 any type of medical care if they're alert and
21 oriented and know what's going on.

22 Q. If they refuse medical care, is
23 that --

24 A. It's documented as such, and they
25 have a release of responsibility sheet that

1 they're supposed to sign, but if they're
2 uncooperative or something like that, then they
3 may not sign it. You would usually have like a
4 corrections officer or somebody present sign it as
5 a witness.

6 **Q. That first time that you saw**
7 **Mr. Guglielmo to check on him, was there anything**
8 **during that particular check that you can recall**
9 **that gave you any reason for concern during that**
10 **first check?**

11 **A. No.**

12 **Q. Just to make sure I understand, did**
13 **you have knowledge, I guess, based upon whatever**
14 **Greg Mills told you that Mr. Guglielmo had had**
15 **some injuries to his head at the time that he was**
16 **relocated to medical holding?**

17 **A. I don't really recall. He may have,**
18 **but I'm not real sure.**

19 **Q. Is there any policy, either NaphCare**
20 **policy or just general, you know, EMT-Basic**
21 **guidelines that you follow through your, you know,**
22 **education and training with respect to how you**
23 **would try to evaluate a head injury or a potential**
24 **head injury other than the neuro check that we**
25 **just discussed?**

1 A. No, that's basically it.

2 Q. Okay. Do you recall if at any point
3 you reviewed Mr. Guglielmo's medical records on
4 file prior to him being transported out of the
5 jail to the hospital, so at any point during
6 either your first or your second checks?

7 A. No.

8 Q. As a part of the first check, do you
9 recall specifically whether you examined his
10 pupils during the first check?

11 A. I cannot recall.

12 Q. Can you recall if you were able to
13 examine or check his eyes in any way during the
14 first check?

15 A. I believe I documented that he looked
16 up at me, and usually if there was something
17 totally obvious, like one's constricted, one's
18 fully dilated, that's cause for concern, but other
19 than that, no.

20 MR. MAZER: Okay. I have no further
21 questions. Thank you.

22 CROSS-EXAMINATION

23 BY MR. GERHARDSTEIN:

24 Q. Mr. Saunders, my name is Adam
25 Gerhardstein. I represent Joe Guglielmo. When

1 **Sergeant Snyder first asked you to check on**
2 **Mr. Guglielmo, did he tell you that he had struck**
3 **Mr. Guglielmo in the head multiple times?**

4 A. No.

5 MR. MAZER: Objection.

6 BY MR. GERHARDSTEIN:

7 Q. Did he tell you that there had been a
8 **use of force on Mr. Guglielmo?**

9 A. Not to my knowledge, no.

10 Q. He did say that he thought
11 **Mr. Guglielmo was having a seizure?**

12 A. That's what it states. I'm not
13 really sure with it being so far back. I don't
14 know.

15 Q. Do you recall him saying why he
16 **thought that?**

17 A. Not to my knowledge, no.

18 Q. Is a seizure treated differently than
19 **a brain injury?**

20 A. From my skill set at the jail, no,
21 not until there are further supporting facts or
22 whatever or medical --

23 Q. Okay. So from an EMT perspective,
24 **you provide the same degree of care, right?**

25 A. Correct.

1 **Q. But if you were to pass on**
2 **information about the patient, would it be**
3 **important to a nurse or a doctor if the patient**
4 **was having a seizure versus a traumatic brain**
5 **injury?**

6 MS. DINEHART: Objection.

7 BY MR. GERHARDSTEIN:

8 **Q. You can answer.**

9 A. Oh, okay. Usually the only way you
10 can tell that type of stuff is with advanced
11 medical or hospital care, like machines and stuff.

12 **Q. As an emergency medical technician,**
13 **Sergeant Snyder first informed you to check on**
14 **Mr. Guglielmo around 12:05 -- or 12:08 a.m.; is**
15 **that right?**

16 MR. HOJNOSKI: It's in the other one
17 right there (indicating).

18 THE WITNESS: 12:08, yes.

19 BY MR. GERHARDSTEIN:

20 **Q. And if there had been a use of force**
21 **on him about thirty minutes prior to that, is that**
22 **something you would have liked to have known?**

23 A. Due to the type of injuries that he
24 had, I'd say yes.

25 **Q. And in the correctional setting, do**

1 you rely on corrections officers as a source of
2 information about inmate injuries?

3 A. They're not medically trained, so
4 they can tell me what they physically see.

5 Q. Okay. But you expect that when they
6 do tell you about inmates, that their information
7 is going to be accurate, right?

8 A. I believe so, yes.

9 Q. Now, the second time you went to
10 check on Mr. Guglielmo, you were summoned by David
11 Cohn; is that right?

12 A. That's correct.

13 Q. Did he tell you there had been a use
14 of force on Mr. Guglielmo?

15 A. No.

16 Q. Did he tell you that Mr. Guglielmo
17 had been struck in the head by Sergeant Snyder?

18 A. No.

19 Q. You were there when Dayton Fire/EMS
20 arrived?

21 A. Correct.

22 Q. Do you know who spoke with the EMS
23 staff?

24 A. I would say Matt Taylor or Greg
25 Mills.

1 Q. Okay. Did Sergeant Snyder speak with
2 the EMS staff?

3 A. I'm not -- I don't know.

4 Q. Okay. Did you hear anybody tell EMS
5 staff that Mr. Guglielmo had banged his head on
6 the wall?

7 A. Not to my knowledge.

8 Q. Okay. You were looking at your
9 incident report earlier, right?

10 A. Okay. Yes.

11 Q. Have you ever seen that document
12 before?

13 A. Before now?

14 Q. Yeah.

15 A. No. I mean, other than typing it in,
16 no, I haven't seen a copy of it or anything.

17 Q. Okay. So the first time you've seen
18 that since you typed it was today in this
19 deposition?

20 A. Correct.

21 Q. Okay. At any point prior to when
22 Sergeant Snyder -- let me back up.

23 Did you wear a radio in the jail?

24 A. Yes.

25 Q. Okay. At any point prior to Sergeant

1 Snyder asking you to check Mr. Guglielmo, had
2 there been a radio transmission that Mr. Guglielmo
3 needed medical help?

4 A. Not that I can recall, no.

5 Q. And just so I'm crystal clear on
6 this, from the time you checked him the first time
7 to when you checked him the second time, was he in
8 the same position during both checks on the floor?

9 A. He was.

10 Q. So as the EMT, you were stationed on
11 the first floor, right?

12 A. Correct.

13 Q. And Sergeant Snyder worked as the
14 booking sergeant for about a year and a half also
15 on the first floor; is that right?

16 A. That's correct.

17 Q. What was his reputation as a sergeant
18 in the jail?

19 MR. MAZER: Objection.

20 THE WITNESS: I usually -- I don't
21 really conversate with like the jail sergeants.
22 They usually are in charge of like the corrections
23 staff and they sit in their office unless they
24 need to deal with some type of jail issue, but
25 they usually -- other than in passing, hey, how

1 you doing type of deal, we usually don't.

2 BY MR. GERHARDSTEIN:

3 Q. Did you respond to any other
4 incidents where he had used force?

5 A. Not that I can recall.

6 Q. Okay. And you testified that you
7 weren't contacted by internal affairs about this
8 incident.

9 Have you talked to anybody at the
10 Montgomery County Sheriff's Office about
11 Mr. Guglielmo since it happened?

12 A. No.

13 Q. No?

14 A. (Shaking head from side to side.)

15 MR. GERHARDSTEIN: All right. That's
16 all I have.

17 MR. MAZER: Nothing further.
18 Appreciate it.

19 MR. HOJNOSKI: Okay.

20 (Thereupon, the deposition was
21 concluded at 2:49 o'clock p.m.)

22 * * *

23

24

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1 I, JACK E. SAUNDERS, III, EMT-B, do hereby
2 certify that the foregoing is a true and accurate
3 transcription of my testimony.

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Dated _ _ _ _ _

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25 Job: 180220CLB

1 STATE OF OHIO)

2 COUNTY OF MONTGOMERY) SS: CERTIFICATE

3 I, Caryl L. Blevins, a Notary

4 Public within and for the State of Ohio, duly

5 commissioned and qualified,

6 DO HEREBY CERTIFY that the

7 above-named JACK E. SAUNDERS, III, EMT-B, was by

8 me first duly sworn to testify the truth, the

9 whole truth and nothing but the truth.

10 Said testimony was reduced to

11 writing by me stenographically in the presence

12 of the witness and thereafter reduced to

13 typewriting.

14 I FURTHER CERTIFY that I am not a

15 relative or Attorney of either party, in any

16 manner interested in the event of this action,

17 nor am I, or the court reporting firm with which

18 I am affiliated, under a contract as defined in

19 Civil Rule 28(D).

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25

1 IN WITNESS WHEREOF, I have hereunto set
2 my hand and seal of office at Dayton, Ohio, on
3 this 3rd day of March, 2018.

4
5
6
7 *Caryl J. Blevins*
8 CARYL J. BLEVINS, RPR, CRR
9 NOTARY PUBLIC, STATE OF OHIO
10 My commission expires 7-16-2018



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